

MONTANA CHEMICAL DEPENDENCY CENTER POLICY AND PROCEDURE MANUAL

Policy Subject: Admission Screening & Scheduling	Supersede: 01/01/02
Policy Number: CTP 01	Standards/Statutes: ARM 37.27.130 MCA 53-24-209 through 53-24-303
Effective Date: 9/30/02	Page 1 of 3

PURPOSE: To ensure appropriate admissions into the facility.

POLICY: Patients will be screened for admission into the facility for treatment to ensure compliance with: the American Society of Addiction Medicine (ASAM) Level III Patient Placement Criteria; the Montana Law, MCA 53-24-209 and 53-24-301 through 53-24-303; application for admission being completed by a Montana Licensed Chemical Dependency Counselor.

PROCEDURE:

- I. Requests for admission will only be accepted from current Montana Licensed Addiction Counselors, as required under Montana law, and only for patients who are eighteen (18) years of age or older.
- II. A request/referral for admission must contain a complete and thorough biopsychosocial
- III. Assessment, which is no more than three (3) months old, including comprehensive collateral medical, or mental health information, and legal documentation.
- IV. The assessment must demonstrate a severity of dependency that meets the criteria for ASAM Level III (residential in-patient) care.
- V. Priority consideration for admission will be given to a defined critical population which includes: pregnant women; women with dependent children; intravenous drug users; and patients currently coming out of hospital based or social detoxification facilities. All admission requirements apply to priority considerations with admission dates set based on bed availability.
- VI. Admission packets are reviewed daily by the Utilization Review Committee for verification of compliance with admission requirements. The Utilization Review Committee is comprised of

Admissions, Clinical, Mental Health, and Nursing staff. Incomplete, illegible, or inappropriately justified admission packets will be returned to the referent for re-submission after the identified corrections have been made.

- VII. The Utilization Review Committee will process complete admission packets within five (5) working days of receipt of a complete packet, with a bed date being set and the patient and referent notified of the scheduled date of admission.
- VIII. Admissions will be scheduled on a first come, first served basis with priority given to critical populations as outlined in (D) above, with additional priority consideration given to individuals coming out of hospital or social detoxification. Detox patients will preferably be transferred directly from detox to treatment, but will still need all appropriate admission documentation provided prior to transfer.
- IX. Admissions staff will coordinate and cooperate with patients and referents to attempt to schedule patients in accordance with their needs. Extenuating circumstances may cause a patient to miss their scheduled admission date, which may result in having to be rescheduled for an alternate date.
- X. Referral of individuals who have historical or current legal issues may be considered for admission on a case by case basis within the following parameters: (a) sex offenders and violent offenders will be evaluated very carefully to determine their current status and potential impact on the facility population; (b) written confirmation from the court or the individuals probation/parole officer will be required in the admission packet, assuring that no legal repercussions to the individual will arise while the patient is in treatment; (c) individuals who may be on a deferred imposition of sentence, contingent upon successful completion of treatment, may be considered for admission provided a release of information with the probation/parole officer is signed and that the probation/parole officer agrees to respond to the facility immediately upon notification of the patient's non-compliance with treatment or discharged from treatment under less than successful circumstances; (d) individuals who may be incarcerated at the time of request for admission must be fully released from their incarceration prior to admission; (e) individuals in the custody of the Department of Corrections will not be considered for admission; (f) a referent may have their request for admission placed in a pending status by Admissions staff if there is inadequate information provided to satisfy any of the aforementioned circumstances.
- XI. Patients accepted into treatment who have co-occurring medical and/or psychiatric issues must be able to evidence stability of their condition at a level that will allow them to effectively participate in and receive benefit from treatment.
- XII. Patients who fail to complete treatment and request re-admission will generally not be considered for re-admission for a period of six (6) months. However, each case will be considered individually and if adequate and appropriate justification exists, admission may be allowed prior to the six-month guideline. Patients considered under these circumstances will be required to submit a personal letter outlining why they want treatment and why they should be considered now.

Revisions 5/1/02 9/30/02 10/17/02

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